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REPORT ON

RHINOLOGY:

The Treatment of Nasal and Pharyngo-Nasal Catarrh.

—BY—

J. ADDISON STUCKY, M. D.

LEXINGTON, KY.,

Surgeon to St. Joseph's Hospital, Member Kentucky State Medical Society, Vice President American Rhinological Society.

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Until a very few years ago, diseases of the nasopharyngeal cavities were so little thought of, that they were scarcely noticed by any of the authors of our best text-books. But now, the literature on the subject is voluminous; and it seems that the idea is just beginning to dawn upon the minds of the profession that disease of these cavities is the most prolific cause of trouble in the tympanic, pharyngeal and laryngeal cavities, the lachrymal duct and canal, and the conjunctiva. Facial neuralgia, occipital and frontal ache, and impairment of the function of the digestive apparatus and nervous system are also fre-

*Read before Kentucky State Medical Society, at Winchester, June, 1886.

quently due to it—I might enumerate many symptoms, reflex in their nature, due to the same cause, but think I have mentioned enough to at least awaken some interest in this subject.

I was glad that this Society decided at its last meeting to place rhinology on an equal footing with laryngology, otology and ophthalmology, and it is with no little degree of embarrassment that I present this, the first report on the subject. It is not my intention to weary you with a history of rhinology, nor to give a detailed report of its progress during the year that is past. The medical journals all over the land have had so much to say on the subject, that, to do this would be consuming too much valuable time. Taking for granted that most of you, at least, have familiarized yourselves with this, I propose briefly to consider:

(1) The best method of treating disease of the nasal and pharyngo-nasal cavities.

(2) To mention those remedial agents that have given me best results in the treatment of several different forms of this disease.

At the last meeting of the American Laryngological Association, Dr. J. Solis Cohen says: "The two great principles in the treatment of naso-pharyngeal catarrh were, first, to keep the parts clean, so as to let them have a chance to get well of themselves; and second, to take care of the patient's general health." He deprecates the free (and frequently indiscriminate) use of the knife, drill and cautery, and says: "I have relieved, in many instances permanently, by mild measures, cases in all respects equally severe with those so often treated by ruder methods." This has been my experience, and it is the mild, *non-irritating treatment* that I advocate.

To Dr. Cohen's first maxim, "Keep the parts clean," I would add, *protected* and *lubricated*; if this is done, and the patient's general health cared for, the *majority* of cases of chronic nasal catarrh will get well. The impairment of the general health (consequent lowering of the vital forces and involvement of the vaso-motor system) in a large number of cases of this disease, is not, in my opinion, the cause of the disease, but vice versa. But it is more to the local treatment than the constitutional that I desire to call your attention.

In cleansing or medicating the nasal cavities, the method and remedies should be non-irritating, reaching every portion of the diseased surface.

"A method that requires the irritation of the healthy parts to free the diseased surface must do injury to the healthy surface, and the injury thus done to the one is much greater than the benefit done to the other, for the healthy membrane will take on inflammation much faster than the diseased portion will resume its normal condition."

The questions that then present themselves are:

- (1) What is the non-irritating remedy?
- (2) How is it to be used?

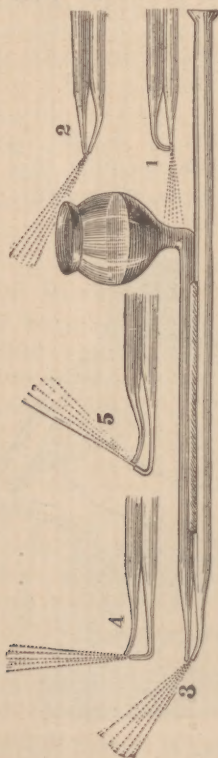
To the first I answer, vaseline, in the form of a spray, as applied by Rumbold's method. This remedy is well known to every practitioner, hence needs no description or eulogy. That it is non-irritating, soothing and protecting to an inflamed and diseased surface, I venture to say, none will deny. In my opinion it is the *sine qua non* in diseases of the respiratory tract. Used in the manner that I shall presently describe, it fulfills, in a great majority of cases, the indications pointed out by the eminent laryngologist and author referred to, in that it can be made to

"thoroughly cleanse the parts," and *lubricate* and *protect* them. I am aware that many eminent in the profession contend that vaseline is not absorbable. I believe that it is; but this cannot be determined by its use in the pharyngo-nasal cavities, but when used on the general surface, as in scarlet fever, or in the external auditory meatus, we know from experience that it is absorbed. If it is not absorbed it would act wholly by its physical properties, but its effects in curing are too great and marked to result from a physical cause alone. That it possesses medicinal properties in no small degree I am well satisfied. These properties I believe to be anti-septic. It acts also as a physical agent by coating the membrane, thus preventing the absorption of moisture and gases, and the contact of dust and other irritants.

Having obtained a non-irritating remedy, we must use a non-irritating method of applying it to the diseased part. In June, 1866, Dr. T. F. Rumbold designed and used a set of instruments—spray producers—which fulfilled in every respect this last requirement. The instruments are made so as to spray the entire pharyngo-nasal and laryngo-tracheal space, and "as the diseased surface is not touched by the instrument, but only impinged upon by the air and liquid, and the remedy used is non-irritating, it follows that it is operated upon in the mildest manner possible. These instruments combine with efficacious cleansing and medicating, a thoroughness and mildness that is unequalled by any other method" (Rumbold).

To accomplish these results, the instrument must be made to throw a stream (spray) that is required to make an application to each portion of the diseased surface. To accomplish this, I have found that three spray producers are enough to meet these requirements.

Figs. 1 and 2, illustrate the instruments and method of applying the spray,



Spray Producers for making Local Applications to the Nasal and Pharyngo-Nasal Cavities, the Fauces and the Tonsils.

No. 1 treats the tonsils and the fauces; No. 2 the anterior nares; No. 3 the posterior wall of the pharyngo-nasal cavity; No. 4 its superior surface, and by slight rotation its lateral walls, and No. 5 throws the spray into the posterior nasal openings (RUMBOLD).

FIG. 1.

(1) One that throws a horizontal stream, for treating the pharynx, tonsils and anterior nares.

(2) One that throws a stream vertically, for treating the superior portion and arched boundary of

the pharyngo-nasal cavity, or vault of the pharynx.

(3) One that throws a stream upwards and directly forwards, at an angle of forty-five degrees, treating the posterior nares, edges and sides of the turbinated processes, and septum nasi.

I know of no method equal to this; and I have given the post-nasal syringe, douche, powders and swab an impartial trial, and conclude that, this is the only method by which we can thoroughly, mildly and effectually treat these tissues.

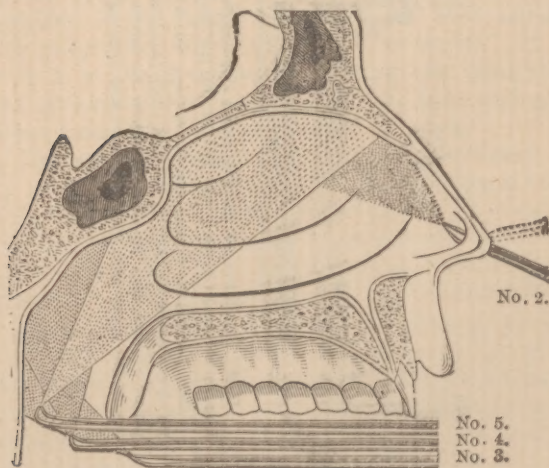


FIG. 2.

In cases of simple chronic catarrh (rhinitis), where the secretions are not very abundant or tenacious, I find that thoroughly spraying the pharyngo-nasal cavity, posterior and anterior nares with warm vaseline, is usually sufficient to bring about a cure in two or three weeks. Compressed air, ten to fifteen

pounds to the square inch, is used to produce the spray. This is usually sufficient to thoroughly cleanse and remove the unnatural secretion; and by *lubricating* and *protecting* the parts, nature is given an opportunity to effect the cure. If the case is one of long standing and the muco-purulent secretion is very tenacious and difficult to remove, on account of the membrane being very much swollen, I use the following solution with good results:

R. Sodium chlor.
 Acid boric, aa gr. v.
 Sol. cocaine mur., $\frac{1}{2}$ per cent., $\bar{3}$ i. M.

This is warmed and sprayed into the anterior and posterior nares, and dissolves the tenacious secretion and causes "a contraction of the succulent tissues" so that the patient is able to thoroughly cleanse the nose by blowing it. After this cleansing is accomplished, applications by means of the spray producer, of warm vaseline with small amount of *pinus canadensis* or *glycerole of tannin* completes the treatment. This should be done once daily for a week, then every other day for ten days, then once or twice a week until the cure is completed. Care should be exercised in using the astringent. If the application causes pain, lessen the quantity or discontinue it, and use plain vaseline until the excessive irritability is overcome.

HYPERTORPHIC CATARRH (Rhinitis),

The sequel of chronic catarrh, is by far the most annoying variety of nasal catarrh. It is this that gives rise to a greater number of reflex symptoms and sequelæ, some of which are frontal and occipital ache, facial neuralgia, dyspepsia, melancholia, hay fever, coryza, lachrymation, ciliary neuralgia, conjunctivitis, tinnitus aurum, otitis, nasal obstruction, mouth

breathing, impairment of the senses of smell, sight, taste and hearing.

If the mucous membrane is hypertrophied, the treatment is essentially surgical, and consists in the destruction and removal of the obstruction. Local applications to genuine hypertrophied tissue, in my hands, has been palliative only, and unsatisfactory. If there is simple swelling or turgescence of the membrane, we can accomplish a great deal by soothing antiphlogistic treatment, such as I have already mentioned. In removing the hypertrophied tissue I have succeeded best with chromic and acetic acid and the Jarvis snare.

In destroying or removing large hypertrophies, I use my concealed applicator—a description of which most of you have seen—or the Jarvis snare. Where the hypertrophy is small or covering the septum nasi, I use, with excellent results, the chromic acid applicator, designed by Dr. Chas. Sajous. In using chloroacetic acid, especially in the posterior nares, Dr. Sajous furnishes us with a very ingenious and excellent applicator. It consists of two flat probes, shaped like Bosworth's in close apposition, their surfaces being so flattened as to render their contact perfect. One of the probes is fastened to the handle, and is furnished with a number of shallow holes, a distance of a half inch along the inner surface of its extremity, so that a drop of acid will be retained when the other probe is placed over it. The latter having free longitudinal motion, can be moved freely along the other, by means of a finger-lever, thus uncovering the acid-covered surface. Their broad ends being of silver, the acid does not affect them.

From one to six applications are necessary to hypertrophy of post-turbinated process; from one to

three applications, an hypertrophy of ant. turbinated. Applications of chromic or acetic acid should not be made oftener than once or twice a week. In the interim, daily applications of carbolized vaseline (1 gr. to 1 oz.), by means of spray producers, should be made. This plan of treatment has given me satisfactory results, and the cicatrix is smaller than when the galvano-caustic is used.

I rarely use cocaine to the parts, before applying the acid, except in cases of marked hyperæsthesia. The pain caused by the acid is instantly relieved by the alkaline, one-half per cent. solution of cocaine to which reference has been made. From six to ten weeks is the time usually required to successfully treat this disease, and even then the patient, unless very robust, should have a week or two of treatment every spring and fall for a year or two.

ATROPHIC CATARRH, (Rhinitis),

is the sequel of hypertrophic rhinitis, and is characterized by abnormal patency of the nasal chambers, a sensation of dryness in the nostril and pharyngeal vault, strenuous efforts being made to relieve this by blowing the nose. The sense of smell is obtunded or lost. The symptom which causes the most annoyance to the patient is the impure character of the breath. Thin scaly crusts of a greenish gray color, sometimes tinged with blood, are discharged through the nostrils, or hawked out of the throat. As the disease advances, these crusts become much thicker, and are discharged in the shape of flakes which present at times, a perfect cast of the surface which they

covered. These scabs adhere tenaciously to the site of their formation, and are frequently removed with difficulty. The diminished vitality of the membrane, its deficient blood supply, and the absence of the lubricating glands, are obstacles which are overcome with difficulty, and require time and patience to influence. (Sajous.)

Resorcine, five grains, to vaseline, one ounce, sprayed into the anterior and posterior nares, has afforded me excellent results. If the secretion is very abundant and hard to remove, 5 to 10 gtt. of boroglyceride, added to resorcine and vaseline, softens the crusts, stimulates the mucous membrane, thus aiding in the cleansing of the cavities.

If there is an unpleasant odor to the breath, due to the decomposition of the crusts of mucous in the cavities, it is immediately destroyed by the application of resorcine. I use it in the strength of five to ten grains to the ounce (by volume) of vaseline. "It is an antiseptic and a stimulant, and, in view of its greater solubility, its almost imperceptible odor, its less toxicant and irritant properties, it is superior to carbolic acid in the treatment of this disease."

If the crusts cannot be removed by the means of the spray, our next best method is the cotton covered nasal probe, with which each crust should be carefully wiped off, after which a thirty or forty per cent. solution of glacial acetic acid is applied to the suppurative area. This checks the suppurative process. The patient should use daily, or thrice daily if the secretion is very abundant and the crusts form rapidly, a mild, stimulating alkaline solution. The follow-

ing modification of Dobell's solution is the one I usually prescribe:

R	Sodæ bi carb.	
	Sodæ bi bor.	ââ 3ss.
	Listerine	3j.
	Aquæ destil.	3v.
M.	Ft. sol.	

This is to be used with the atomizer. The magic atomizer, No. 25, is the best instrument for the purpose I have seen. The atomized fluid can be thrown into the anterior and posterior nares. As the secretion lessens in quantity and becomes thinner, the cleansing solution (an atomizer) should not be used so frequently.

It is gratifying to be able to report that the profession is rapidly discarding the harsh methods of treating diseases of the nasal cavities; laying aside the post-nasal syringe, swab and douche, and is adopting the mild and non-irritating method. Having had both methods used on myself, and having used the method which I now advocate for six years, and carefully noted the results, I am thoroughly convinced that this is the best now shown, and the most rational.

In conclusion, I desire to emphasize the three indications, or objects, of the local treatment of diseases of the nasal and pharyngeal cavities:

First, non-irritation;

Second, thorough cleansing of the diseased surface, with sufficient force to remove the morbid secretion;

Third, medication and protection of diseased tissue without irritation of healthy tissue.

Thus far I have only spoken of local treatment;

constitutional and hygienic treatment are not to be neglected, as nine-tenths of the cases of chronic disease of the nose or throat not only require local measures, but also the most careful constitutional and hygienic treatment.

The bowl of each spray-producer contains about 1 drachm—this is to be two-thirds filled with vasaline, and heated over a spirit lamp, or the operating lamp, until the vasaline is melted—then it can be easily converted into a spray with light pressure.



